BIRCH, STEWART, KOLASCH & BIRCH, LLP

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ATTORNEY DOCKET NO. 0965-0415P

PLEASE NOTE: - YOU MUST COMPLETE THE FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

	verily believe that I am the original, first (if plural inventors are named below) of INTAGLTO PRINTS	the subject matter which	ost office address and citizenship are y one inventor is named below) or an is claimed and for which a patent is	as stated next to my name; that	
Insert Title:	■ INTAGLIO PRINT	NG PRESS	and for which a patch is	sought on the invention entitled:	
	the specification of which is attached here	to. If not attached hereto.			
Fill in Appropriat					
Information - For Use	United States Application Num			as	
Without	and amended on			;	
Specification Attached:	the specification was filed on		(i	f applicable); and/or	
	International Application Numl			as PCT	
	amended on			; and was	
	and the contract of			(if applicable)	
	I hereby state that I have reviewed an by any amendment referred to above. I acknowledge the duty to disclose in I acknowledge the duty to disclose in I do not know and do not believe the hereof, or patented or described in any p prior to this application, that the same was application in any country foreign to the to application in any country foreign to the to more than twelve months (six months for on this invention has been filled in any ce representatives or assigns, except as folio I hereby claim foreign priority benel or inventor's certificate listed below and a filing date before that of the application and the state of the state of the state of the and the state of the state of the state of the after the state of the state of the and the state of and and and and and and and and	e same was ever known of rinted publication in any snot in public use or on s- seen patented or made the Juited States of America of designs) prior to this app puntry foreign to the Unit ws.	or used in the United States of Amer country before my or our invention ale in the United States of America a subject of an inventor's certificate on an application filed by me or my publication, and that no application for ted States of America prior to this a Ustates Code, §119 (a)-(d) of any fo	7. Code of Federal Regulations, ica before my or our invention thereof or more than one year more than one year prior to this issued before the date of this issued before the date of this gal representatives or assigns patent or inventor's certificate application by me or my legal	
	Prior Foreign Application(s)				
Insert Priority Information:				Priority Claimed	
(if appropriate)	2002-288506 (Number)	Japan	October 1, 200	? · · · · · · · · · · · · · · · · · · ·	
	(. vanioci)	(Country)	(Month / Day / Year Filed)	Yes No	
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	(Number)	(Country)	(Month / Day / Year Filed)		
Insert Provisional	I hereby claim the benefit under Title 35, Un	ited States Code. 8119(a)	of any United States	Yes No	
Application(s):			or any Officed States provisional appli	cation(s) listed below.	
if any)	(Application Number)			(ESC D.)	
	(Application Number)			(Filing Date)	
				(Filing Date)	
	All Foreign Applications, if any, for any Potthe Filing Date of this Application:	atent or Inventor's Certific	cate Filed more than I2 months (6 i	months for designs) Prior to	
nsert Requested nformation:	Country	Арр	olication Number Date	Date of Filing (Month / Day / Year)	
sert Prior U.S.	I hereby claim the benefit under Title 35, U, insofar as the subject matter of each of the cl in the manner provided by the first paragrap which is material to patentability as define filling date of the prior application and the n	h of Title 35, United Star	tes Code, §112, I acknowledge the d		
fany) ((Application Number)	(Filing Date)	(Status - patented	pending, abandoned)	
gelof2	(Application Number)	(Filing Date)			
80 1 UI Z		(rung Date)	(Status - patented	pending abandoned)	

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitions, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292 P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

YOU MUST COMPLETE THE FOLLOWING:							
Full Name of First or Sole inventor:	GIVEN NAME	544.004	T				
Insert Name of Inventor Insert Date This	•	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Document is Signed	Yutaka	ENDO	Yntaba Ena	a	Sept.2, 2003		
Insert Residence	Residence (City, State	& Country)	- Univ	CITIZENSHIP	1 1111		
Insert Citizenship	Noda-shi, Chiba, Japan			Japan			
Insert Mailing	MAILING ADDRESS (C	omplete Street Address inc	luding City, State & Country)				
Address	C/o KOMORI CORPORATION, Sekiyado Plant 210 Kiriqasaku, Noda-shi, Chiba, Japan						
Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE				
monos, a any.	1		THE TIONS SIGNATURE		DATE*		
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Full Name of Third	00.05						
Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
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				OTTZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	i		only, State & Country)				
Full Name of Fourth Inventor, if any	GIVEN NAME	FAMILY NAME	10.000				
invenior, if any		PANIE IVANIE	INVENTOR'S SIGNATURE		DATE*		
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	MAILING ADDRESS (Con	nplete Street Address inclu-	ding City, State & Country)	L			
Full Name of Fifth							
Inventor, if any	GIVEN NAME F	AMILY NAME	INVENTOR'S SIGNATURE				
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(Revised 01/02)					İ		
•	DATE OF SIGNATURE						